U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004 Through: 12/

3. Name and address or person filing.	4. Name, file number, and address of labor organization.		
Name CARL J COLOTTI	Name UR ZOCAL 13 PLUMBERS & STEAMFITTER		
	Labor Organization File Number 0\$5-764		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 271 SALT ROAD	Street 1645 ST PAUL ST		
State NEW YORK ZIP Code + 4 14580	State NEW YORK ZIP Code +4 14621		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4	Season below the found to critic in the latest representation of the consequence of the c		
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the		
Signed Colollic	On 819105		
//	Date Telephone Number		

Name of Person Filing CARL J. COLOTTI	File Number U -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UR LOCAL NO. 13 RNNUTY FUND Trade Name, if any:	or other thing of value. 14.a. Nature of payment. INTERNATIONAL FULL FULL EMPLOYEE BENEFITS PLAN CONFERENCE 11/29/04-12/5/04 BIRFARE 337
P.O. Box, Bldg., Room No., if any Street 1645 ST PRUL ST. City ROCHESTER State NEW YORK ZIP Code +4 14621	HOTEL 1152 FOOD-INCIDENTALS 503 LOST WAGES 1169 FRINGE BENEFITS 562
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	. c. Employer	
Street		
City State ZIP Code + 4		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
Zii Gode : 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Raihing Program
Name Prumbe & Weating Joint Representices of Transing Council Local No. 13		1400
P.O. Box, Bldg., Room No., if any	2027 WRG65	1163
Street 1645 ST PRVL STREET	CRINGE BENEFITS	56a
City Rochester		
State NEW YORK ZIP Code + 4 14(2)		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	3125

Name of Person Filing CARL J. COLOTTI		File Number U-
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held 12.b. Amount.	of such dealing.
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name PLUMBE ANEXTING JOINT REPRESTICES ATRAIN AING COUNCIL LUCAL NO. 13 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1645 ST PRVL STREET City ROCHESTER State NEW YORK ZIP Code + 4 1462)	7/7/04 PA 4/3/04 TQ: 1)/19/04 X:	PRELITICE BRHOVET & GOLF VSTEE MTG MEAL MAS GIFT CERTIFICATE 100 TC X-MAS DIMNER 115
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	336

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Name of Person Filing CARL J. COLOTTI		File Number U-	
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City State ZIP Code + 4	12.a. Nature of interest held	**************************************	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name STOFFEL & CO. CPA'S, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3 N. VNION ST	9/23/04	GOLF 78 FOOD & SEVERNGE 56	
Street 31 N. Uwiou 57			

14.b. Amount of payment.

State WEWYORK

13.b. Is the Business an Employer 🗶

ZIP Code + 4 14559

or Consultant

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Name of Person Filing

CARL J. COLOTTE

File Number U-

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City City City City City City City City	12.a. Nature of interest held or income received.	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name PRUDENTIAL FINANCIAL		
Trade Name, if any:	GOEF	40
P.O. Box, Bldg., Room No., if any		
Street 230 TRUMBULL ST		
City NARTFORD		
State CT ZIP Code + 4 06103		distribution with the distribution of production of the contraction of
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Ho.

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Name Chamberen D'amanda, oppenheimer S Green Field, ATY S Trade Name, if any:	9/29/04 GOLF	70	
P.O. Box, Bldg., Room No., if any			
Street 1600 CRUSSROADS BLDG			
City ROCNESTER			
State Novyork ZIP Code + 4 14614		Management of the contract of	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		